

Minutes
Substance Abuse and Child Safety Task Force
July 17, 2015 – 1:00P.M.
Indiana Statehouse – Room 431

Members Present:

Cathy J. Boggs, Community Health Network; Mindi Goodpaster, Marion County Commission on Youth; Senator Randy Head, Chair; Suzanne O'Malley, Indiana Prosecuting Attorneys Council; Jessica Skiba, Indiana State Department of Health

Members Absent: Sirrilla Blackmon, FSSA - Division of Mental Health and Addiction; Suzanne F. Clifford, Community Health Network; C.J. Davis, Four County Counseling Center; Cathleen Graham, Indiana Association of Resources & Child Advocacy (IARCA); Lt. Kevin Hobson, Indiana State Police; Marc D. Kniola, Indiana Department of Correction, Division of Youth Services; Lisa Rich, Indiana Department of Child Services; Holly Walpole, Professional Licensing Agency; Carey Haley Wong, Child Advocates; William G. Wooten, MD

Staff Members Present: Edward Arredondo, Indiana State Senate

Call to Order: 1:04 P.M.

Presentations:

Harry Webb, Owner and Pharmacist, Webb's Family Pharmacy – Rochester, Indiana.
Topic: Fulton County Pseudoephedrine Action Committee – meth resistant products

The Fulton County Pseudoephedrine Action Committee is a professionally diverse group of volunteer members who are working to prevent the production of drugs by legitimatizing the sale of pseudoephedrine and encouraging pharmaceutical companies to encourage the sale of meth deterrent products.

Indiana's Meth Lab Merry Go Round

In March of 2015 they started a citizen's action committee with an extremely diverse team of people from many professions.

The essence of this report:

- Highlight the magnitude of the meth lab problem
- Illustrate the process which fuels meth labs daily in Indiana
- Illustrate the basic source of the meth lab problem in Indiana

We want to illustrate the process and the basic source of the meth lab problem. We want to offer a simple solution with proven success with a state that has already implemented it. We hope to

advocate for a new state law and we hope to be a model for other counties adjacent to us and perhaps as well as state wide. Nationally there are about 11,000 meth labs that are found each year. Indiana leads the nation for the second year in a row for meth labs seized. In 2012 there were 1,653 lab seizures. In 2013 there were 1,771 lab seizures and in 2014 there were 1,416 lab seizures. Purdue put out a report in January of 2015, indicating that Fulton was the third worst of 42 rural counties. Arresting the meth lab operators isn't reducing the amount of meth labs in Indiana. A presentation by the Indiana State Police taught us that 700 boxes of pseudoephedrine were sold in the county. Harry Webb runs two stores and with his records he knew that he sold 32 boxes of that 700. After some extrapolating we found that roughly 80% of the sales probably went to meth production. The DEA numbers are similar to numbers found by the Indiana State Police. In period 2010 to 2014, the rate of national incidents saw a decrease of 40%. There was a high of 15,000 in 2010 to just over 9,300 in 2014. In that time frame, Rochester County saw an increase of about 18%. The committee may be focusing on child safety but this trend line veers the incident trend line, and we know the impact that meth has on children. It exposes them to toxic fumes, poisons, possible burns, and neglect. In 2010 to 2014 the implementation of the NPLEX law gave law enforcement a great tool to track pseudoephedrine sales. The chart also shows that there wasn't a significant decrease in meth production. Pseudoephedrine sales can be tracked but it hasn't shown a significant reduction of meth labs. Other states in the nation that passed NPLEX law saw a significant increase in meth lab seizures. Indiana started the requirement for NPLEX in January of 2012.

Brief Summary of 2011 Arkansas Pseudoephedrine Law

AN ACT TO CLARIFY THE ROLE OF THE PHARMACIST WITH REGARD TO METH-PRODUCING PRODUCTS

- 1) Unlawful to sell meth-producing products except in a licensed pharmacy by a licensed pharmacist or a licensed pharmacy technician
- 2) Pharmacist must make professional determination of patient's medical and pharmaceutical need for meth-producing drugs
- 3) Board of Pharmacy given authority to adopt rules regarding determinations, review determinations, and take appropriate disciplinary action as needed.
- 4) Limits quantities of specific meth-producing drugs sold in any single purchase
- 5) Requires proof of age and identity, and sell only to residents of the State of Arkansas

This Arkansas State Law has been successful in stopping meth labs.
Note that meth-deterrent formulations were not available in 2011.

A PROPOSED NEW INDIANA LAW

An Indiana State Law is needed to stop the daily fueling of meth labs by Pharmacies and Pharmacists in the State of Indiana. That law will:

1. Require that Indiana Pharmacists shall make a professional determination, based on the Pharmacist-Patient relationship, as to whether or not there is a legitimate medical and pharmaceutical need for drugs containing pseudoephedrine (PSE).
2. Authorize the Indiana State Board of Pharmacy to adopt rules regarding determinations, review determinations, and take appropriate disciplinary action as needed against Pharmacies and Pharmacists that are negligent in legitimatizing PSE sales.
3. Protect Pharmacies and Pharmacists from civil liability that may come from refusal to dispense, sell, or furnish pseudoephedrine products if they cannot determine legitimate medical and pharmaceutical need.
 - Optionally, it also may be desirable to require Pharmacies to only display products with proven meth deterrence.
 - Optionally, it may be beneficial to sell PSE products over-the-counter to only residents of the State of Indiana.

This proposed law is modeled after the successful Arkansas Law passed in 2011. This law stopped meth labs, even though meth-deterrent decongestants were not available in 2011.

Specifics of the new law.

- (1) Remove from in-store display all meth-producing products, and replace them with meth-deterrent products such as Nexafed and/or Zyrtec D. They provide the decongestant performance of pseudoephedrine (PSE), but significantly disrupt meth making.
- (2) When the customer asks for meth-producing products (e.g., Sudafed 12 hour), have the cashier/technician offer ONLY pseudoephedrine (PSE) products with meth-deterrent capabilities (Nexafed or Zyrtec D).
- (3) If the customer/patient refuses the meth-deterrent product, the cashier can suggest they talk to the Pharmacist for possible alternatives.
- (4) After consultation, if the Pharmacist determines that there is a medical and pharmaceutical need (a legitimate request) he/she may recommend the meth-producing product as suitable to treat the need.
- (4) However, if the Pharmacist is suspicious of the legitimacy, he/she should continue to restrict the sale to the meth-deterrent product. After using this policy a few times, the ultimate simplicity will become obvious. There is no discrimination if the patient has been offered a suitable product and he refuses it.

Nothing in this policy is intended to circumvent current federal law and these small changes will stop the Indiana Meth Lab Merry-Go-Round.

Recommendations from the Fulton County Citizen Action Committee: The committee recommends that the Indiana General Assembly present the State Law that was mentioned above.

Gave an example of a resolution that could be passed on a local level.

Gave an example of a letter to a major retail store that asked them to change their retail sales policies by encouraging the sale of meth deterrent products such as Nexafed and Zephrex-D to discourage Smurfs from purchasing Sudafed.

Contact Information for the Citizen Action Committee

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- Richard E. Belcher, President, First Federal Savings Bank
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- Christopher Sailors, Sheriff of Fulton County; cdsailors@co.fulton.in.us
- Robert E. Peterson, Peterson Waggoner & Perkins (Retired) 574-223-6287
- Harry Webb, Pharmacist, Owner, Webb's Family Pharmacy, Rochester & Akron; 574-223-2216 WebbRx@gmail.com
- Gloria Carvey, Site Director, Ivy Tech Community College of Indiana at Rochester;
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- Marc Williamson, Substance Abuse Prevention Specialist,
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Pharmacies need to take a hands-on approach and train their employees to ask for symptoms and offer other drugs than Sudafed first. Doing so will deter smurfs from purchasing products that can lead to the creation of meth.

Kristen Kelley and Natalie Robinson, Attorney General's Prescription Drug Abuse Task Force

Topic: State and Federal overview of drug take back programs and Yellow Jug Old Drugs Program

Chris Angel also assisted in the presentation of Yellow Jugs Old drugs via phone.

The Indiana Rx Drug Abuse Task Force has five committees that are addressing the complex issue of prescription drug abuse in Indiana. One of those committees is studying pharmaceutical waste disposal options to increase availability of take back sites for unused controlled substances. Somebody dies of prescription overdose every 25 minutes and in 2010 prescription drug overdose surpassed motor vehicle accidents as the leading cause of death. This led to the creation of the Prescription Drug Abuse Task Force by Attorney General Zoeller. The topic that was looked at specifically is the Take Back initiatives.

Indiana currently ranks in highest painkiller prescribing category because it is one of the states who have more pain killer prescriptions per person.

The collection of controlled substance is extremely important in combating prescription drug abuse. In October 2014, the DEA Secure and Responsible Drug Disposal Act went into effect. That act allows authorized manufacturers, distributors, reverse distributors, and retail pharmacies to voluntarily administer mail back programs and maintain on site collection agencies.

Pharmacy Take Back: How it works

Consumers are able to take their Rx drugs to pharmacies and dispose of them into the collection receptacle. Pharmacists are no longer required to log in medication – in fact DEA regs require them to not handle the medications. Pharmacies would be responsible for coordinating with a chain of custody service provider that is registered and authorized by the DEA to transport the content for proper destruction.

Need a medical waste handler that provides a safe system for the transportation and treatment of regulated medical waste, or a reverse distributor. There are only 2 companies, Sharps run by MedAssure and Yellow Jugs Old Drugs. Pharmacies would also have the option to mail the contents to a reverse distributor directly, or a waste facility to be incinerated. Ideally, the program model would include the contents to be incinerated at an “energy from waste” facility, such as Covanta Energy. Covanta incinerates medical waste from Indiana take back programs free of charge.

Medicines accepted include: prescription and over-the-counter medicines, including legally prescribed controlled substances

Exempted: intravenous solutions, needles and illicit substances, over-the-counter drugs that are regulated as cosmetics

Yellow Jug Old Drugs Program

Started by the Great Lakes Clean Water Organization (GLCW) in 2008, the Yellow Jugs Old Drugs Program partners with local pharmacies and the Indiana Prescription Drug Abuse Task

Force to provide secure and responsible drug disposal. The Yellow Jugs Old Drugs program addresses the fact that there are very limited ways to dispose of unwanted drugs. Now, consumers can take their unwanted medication to any participating pharmacy year-round for a safe disposal option while reducing the amounts of chemicals showing up in our water. There are over 14 participating pharmacies in Indiana.

Cost is minimal, \$300 per year per location. \$100 for the container and \$25 per month for pick up. The bottom of the container contains a sludge (gel) that is not considered to be hazardous wastes but breaks the medicine down

DEA did away with their bi-annual take back events once the Safe Disposal Act went into effect but the new director of DEA has promised to reinstate this initiative.

Challenges/ Obstacles

- There is a cost and liability to participating pharmacies and reverse distributors (click for possible solution: provide an incentive for participation)
- There isn't an existing model for a take back program that utilizes pharmacies or reverse distributors (click for possible solution: we know that Take Back works, but we need to increase accessibility).
- Consumers might be intimidated to drop off these medications at law enforcement offices so we need to get them into pharmacies where it is less threatening and more convenient.

Benefits

Drug Diversion: 71% of Rx drug abusers obtain the medication from friends or family

Accidental Poisonings: More than 1,000 Hoosiers died in 2012 from accidental poisonings. In the United States, about 78,000 children under 5 years of age are treated for poisoning in hospital emergency rooms.

Environmental Protections: The chemicals in medication can have disastrous effects on Indiana watersheds.

Crime Prevention: There has been a dramatic increase in arrests for illegal possession and sales of controlled substances.

Next Steps

- Funding opportunities
- Encourage enrollment in YJOD
- CVS pilot program
- IU Health
- Partnering with Senator Merritt, Senator Head and Congresswoman Brooks
- Take the Pledge

Approval of May Minutes:

- Didn't have necessary quorum for a vote on consent.

Adjourn:

- 2:10 P.M.